

Assurances and Certifications

ASSURANCE SIGNATURE

NOTE: Sign this form and include in the Proposal.

Date: _____

Organization Name: _____

Program Name: _____

Name (print) of Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____

SIGNATURE: By signing this **assurances page**, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Certification Signature

NOTE: Sign this form and include in the Proposal.

Date: _____

Organization Name: _____

Program Name: _____

Name (print) of Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____

SIGNATURE: By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this Proposal.

The three Certifications are:

1. Certification: Lobbying Activities
2. Certification: Compliance with the Lobbying Disclosure Act of 1995
3. Certification: Drug-Free Workplace